

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890167

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8	1					
9		1				
10		1				
11		1				
12		4				
13		4				
14		4				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		6				
22		6				
23		6				
24		6				
25		6				
26		1				
27	1					
28		1				
29	1					
30		1				
31	1					
32		1				
33		2				
34	1					
35		1				
36		2				
37		2				
38		2				
39	1					
40		1				
41	1					
42		1				
43	1					
44		1				
45		2				
46		2				
47		2				
48	1					
49		1				
50		2				
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		↓	70	↓		↓
TOTAL CLAIMS			79			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53	1					
54		1				
55		2				
56		2				
57		2				
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS